

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 8 — 0 1 3

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

9/10/98

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR

7. FEDERAL BUDGET IMPACT:

a. FFY 98 \$ 50,476  
b. FFY 99 \$ 151,428

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19A, Page 23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):10. SUBJECT OF AMENDMENT: Continue Add-on's for Unreimbursed Medicaid cost and the cost of the  
uninsured from SFY 98 into SFY 99

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *3P*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary J. Stangler

14. TITLE:

Director

15. DATE SUBMITTED:

09/29/98

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/30/98

18. DATE APPROVED:

AUG 28 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/10/98

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE: Acting

ARA for Medicaid and State Operations

23. REMARKS:

cc:

Martin  
Vadner  
Waite

SPA CONTROL

Date Submitted 09/29/98

Date Received 09/30/98

XX. Medicaid and Uninsured Add-Ons for State Fiscal Year 1999

- A. Section XVII describes the Medicaid and Uninsured Add-Ons paid to hospitals for SFY 98. Those payments shall continue on a prorated basis as an estimate for SFY 99 reimbursement until a state plan amendment modifying the payments is effective. The SFY 98 Add-On payments will be prorated to pay one-fourth of the Add-On payments by September 30, 1998, the balance will be prorated over the remainder of SFY 99 as an estimate of SFY 99 Add-On payments.

State Plan TN# 98-13

Effective Date: 9/10/98

Supersedes TN # 97-15

Approval Date: AUG 28 2001